Case 08-19655 Doc 1 Filed 07/30/08 Entered 07/30/08 11:41:26 Desc Main Page 1 of 53

Official Form 1 (1/08) Document **United States Bankruptcy Court Voluntary Petition** NORTHERN DISTRICT OF ILLINOIS Name of Debtor (if individual, enter Last, First, Middle): Name of Joint Debtor (Spouse)(Last, First, Middle) Hubbard, Rhonda D. All Other Names used by the Debtor in the last 8 years All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): (include married, maiden, and trade names): NONE Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (ITIN) No./Complete EIN Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): xxx-xx-6656 (if more than one, state all): Street Address of Debtor (No. & Street, City, and State): Street Address of Joint Debtor (No. & Street, City, and State): 8203 S. Indiana Chicago IL ZIPCODE ZIPCODE 60619 County of Residence or of the County of Residence or of the Principal Place of Business: Principal Place of Business: Cook Mailing Address of Joint Debtor Mailing Address of Debtor (if different from street address) (if different from street address) SAME ZIPCODE ZIPCODE Location of Principal Assets of Business Debtor (if different from street address above): NOT APPLICABLE ZIPCODE (if different from street address above): **Nature of Business** Chapter of Bankruptcy Code Under Which Type of Debtor (Form of organization) (Check one box.) the Petition is Filed (Check one box) (Check one box.) Health Care Business Chapter 7 Chapter 15 Petition for Recognition П Chapter 9 of a Foreign Main Proceeding Single Asset Real Estate as defined See Exhibit D on page 2 of this form. П Chapter 11 in 11 U.S.C. § 101 (51B) ☐ Chapter 15 Petition for Recognition Corporation (includes LLC and LLP) Chapter 12 Railroad of a Foreign Nonmain Proceeding Partnership Chapter 13 Stockbroker Other (if debtor is not one of the above Nature of Debts (Check one box) Commodity Broker entities, check this box and state type of Debts are primarily consumer debts, defined Debts are primarily entity below Clearing Bank in 11 U.S.C. § 101(8) as "incurred by an business debts. Other individual primarily for a personal, family, or household purpose" Tax-Exempt Entity Chapter 11 Debtors: (Check box, if applicable.) Check one box: Debtor is a tax-exempt organization Debtor is a small business as defined in 11 U.S.C. § 101(51D). under Title 26 of the United States Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Code (the Internal Revenue Code) Filing Fee (Check one box) Check if: Debtor's aggregate noncontingent liquidated debts (excluding debts owed Full Filing Fee attached to insiders or affiliates) are less than \$2,190,000. Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. Check all applicable boxes: A plan is being filed with this petition Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach Acceptances of the plan were solicited prepetition from one or more signed application for the court's consideration. See Offi cial Form 3B. classes of creditors, in accordance with 11 U.S.C. § 1126(b). THIS SPACE IS FOR COURT USE ONLY Statistical/Administrative Information Debtor estimates that funds will be available for distribution to unsecured creditors. Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors Estimated Number of Creditors 25.001- \boxtimes 1,000-5,001-10,001-50,001-100.000 50-99 100-199 200-999 Over 1-49 50.000 5,000 10.000 25.000 100 000 Estimated Assets S0 to \$100,001 to \$50,001 to \$500,001 \$1,000,001 \$10,000,001 More than \$50,000,001 \$100,000,001 \$500,000,001 \$50,000 \$100,000 \$500,000 to \$10 to \$50 to \$100 to \$500 to \$1 billion \$1 billion to \$1 million million million million Estimated Liabilities \$500,001 \$0 to \$50,001 to \$100,001 to \$1,000,001 \$10,000,001 \$50,000,001 \$100,000,001 \$500,000,001 \$100,000 \$500,000 to \$1 to \$10 to \$50 to \$100 to \$500 \$50,000 to \$1 billion \$1 billion million million million million

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Document (1700)	CITE Tage 2 01 33	101	RWI DI, I age 2
Voluntary Petition (This page must be completed and filed in every case)	Name of Debtor(s): Rhonda D. Hubb	a rd	
All Prior Bankruptcy Cases Filed Within Last 8 Ye		tach additional sheet)	
Location Where Filed:	Case Number:	Date Filed:	
NONE	Cuse rumeer.	Dute I fied.	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of	this Debtor (If mor	re than one, attach additional sheet)	
Name of Debtor:	Case Number:	Date Filed:	
NONE District:	D-1-cihim,	Tudas	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)	I, the attorney for the petitioner have informed the petitioner that or 13 of title 11, United States each such chapter. I further cer required by 11 U.S.C. §342(b)	Exhibit B be completed if debtor is an individual se debts are primarily consumer debts) named in the foregoing petition, declare at [he or she] may proceed under chapter Code, and have explained the relief availa tify that I have delivered to the debtor the	7, 11, 12 able under
Exhibit A is attached and made a part of this petition	X /s/ MICHAEL R.	RICHMOND_	7/29/2008
	Signature of Attorney for Debto		Date
 Check □ Debtor has been domiciled or has had a residence, principal place of busing preceding the date of this petition or for a longer part of such 180 days th □ There is a bankruptcy case concerning debtor's affiliate, general partner, □ Debtor is a debtor in a foreign proceeding and has its principal place of b principal place of business or assets in the United States but is a defendar the interests of the parties will be served in regard to the relief sought in the state of the parties will be served in regard to the relief sought in the state of the parties will be served in regard to the relief sought in the state of the parties will be served in regard to the relief sought in the state of the parties will be served in regard to the relief sought in the state of the parties will be served in regard to the relief sought in the state of the state of the parties will be served in regard to the relief sought in the state of the parties will be served in regard to the relief sought in the state of the parties will be served in regard to the relief sought in the state of the parties will be served in regard to the relief sought in the state of the parties will be served in regard to the relief sought in the state of the parties will be served in regard to the relief sought in the state of the parties will be served in regard to the relief sought in the state of the state	Exhibit D spouse must complete and attach a part of this petition. and made a part of this petition. Regarding the Debtor - Venue k any applicable box) siness, or principal assets in this Disterior partnership pending in this Disterior possess or principal assets in the Unit in an action proceeding [in a fed this District.	a separate Exhibit D.) strict for 180 days immediately rict. United States in this District, or has no leval or state court] in this District, or	
	• Resides as a Tenant of Residen applicable boxes.)	tial Property	
Landlord has a judgment against the debtor for possession of debto	**	uplete the following.)	
	(Name of landlord that	obtained judgment)	
	(Address of landlord)		
Debtor claims that under applicable nonbankruptcy law, there are of entire monetary default that gave rise to the judgment for possession			
Debtor has included with this petition the deposit with the court of period after the filing of the petition.	any rent that would become due de	uring the 30-day	
☐ Debtor certifies that he/she has served the Landlord with this certifi	ication. (11 U.S.C. § 362(1)).		

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Voluntary Petition	Name of Debtor(s):
(This page must be completed and filed in every case)	Rhonda D. Hubbard
	Signatures
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative
I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.	I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b)	☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.
X /s/ Rhonda D. Hubbard	-
Signature of Debtor	(Signature of Foreign Representative)
X Signature of Joint Debtor	-
	(Printed name of Foreign Representative)
Telephone Number (if not represented by attorney)	7/29/2008
7/29/2008	(Date)
Date Signature of Attorney*	
X /s/ MICHAEL R. RICHMOND Signature of Attorney for Debtor(s) MICHAEL R. RICHMOND 3124632 Printed Name of Attorney for Debtor(s) HELLER & RICHMOND, LTD. Firm Name 33 NORTH DEARBORN STREET Address SUITE 1600 CHICAGO IL 60602	I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § § 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.
(312) 781-6700	Printed Name and title, if any, of Bankruptcy Petition Preparer
Telephone Number 7/29/2008 Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) Address
Signature of Debtor (Corporation/Partnership)	-
I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.	X Date Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above. Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.
Signature of Authorized Individual	
Printed Name of Authorized Individual	If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.
Title of Authorized Individual 7/29/2008	A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Rule 2016(b) (8) (a) See 08-19655 Doc 1 Filed 07/30/08 Entered 07/30/08 11:41:26 Desc Main Document Page 4 of 53

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

n re <i>Rhonda</i>	D.	Hubbard		Case No. Chapter	
			/ Debtor		

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.

Attorney for Debtor: MICHAEL R. RICHMOND

- 2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
- 3. \$ 274.00 of the filing fee in this case has been paid.
- 4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
- 5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and

None other

6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and

None other

7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:

None

8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

None

Dated: 7/29/2008 Respectfully submitted,

X /s/ MICHAEL R. RICHMOND
Attorney for Petitioner: MICHAEL R. RICHMOND

HELLER & RICHMOND, LTD. 33 NORTH DEARBORN STREET SUITE 1600 CHICAGO IL 60602 (312) 781-6700

B22C (Official Form 22C) (Chapter 13) (01/08)	Document Page 5 of 53
In re HUBBARD_RHONDA D_ Debtor(s) Case number: (If known)	According to the calculations required by this statement: ☑ The applicable commitment period is 3 years. ☐ The applicable commitment period is 5 years. ☐ Disposable income is determined under § 1325(b)(3). ☑ Disposable income is not determined under § 1325(b)(3). (Check the boxes as directed in Lines 17 and 23 of this statement.)

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CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I.	REPORT O	F INCO	ME		
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. ☑ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. ☐ Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for lines 2-1					0.	
1	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six month total by six, and enter the result on the appropriate line.					Column A Debtor's Income	Column B Spouse's Income
2	Gross	s wages, salary, tips, bonuses, overtime, com	missions.			\$2,942.19	\$
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.						
	a.	Gross receipts	\$0	0.00			
	b.	Ordinary and necessary business expenses	\$0	0.00			
	C.	Business income	S	ubtract Line b	from Line a	\$0.00	\$
4	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. a. Gross receipts \$0.00						
	b.	Ordinary and necessary operating expenses		\$0.00	Doob from Doo		
	C.	Rent and other real property income		Subtract	Line b from Line a	\$0.00	\$
5	Interes	st, dividends, and royalties.				\$0.00	\$
6	Pensio	on and retirement income.				\$0.00	\$
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.					\$0.00	\$
8	To Committee D, Sat mote and an earlier in the option D.						
		nployment compensation claimed to benefit under the Social Security Act	Debtor <u>\$0.00</u>	· · · · · · · · · · · · · · · · · · ·	Spouse \$	\$0.00	\$

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<u> </u>	Onicial	10111 220) (Gliapter 10) (61/00)	• • • • •		
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a against humanity, or as a victim of international or domestic terrorism.				
	a.	child support	\$576.00		
	·			\$576.00	\$
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).			\$3,518.19	\$
11	Total. If column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.				3,518.19

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD					
12	Enter the amount from Line 11.		\$3,518.19		
13	h your spouse, AND if you contend that calculation on of the income of your spouse, enter on Line 13 haid on a regular basis for the household expenses or excluding this income (such as payment of the debtor or the debtor's dependents) and the all adjustments on a separate page. If the				
	a.	\$0.00			
	b.	\$0.00			
	C.	\$0.00	\$0.00		
14	Subtract Line 13 from Line 12 and enter the result.		\$3,518.19		
Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.			\$42,218.28		
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: ILLINOIS b. Enter debtor's household size: 2				
	Application of § 1325(b)(4). Check the applicable box and procein				
17	☐ The amount on Line 15 is less than the amount on Line 16. □ The amount on Line 15 is not less than the amount on Line 16. □ The amount on Line 15 is not less than the amount on Line 16 period is 5 years" at the top of page 1 of this statement and continue to the period is 5 years.	Check the box for "The applicable commitment with this statement. Check the box for "The applicable commitment			

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME					
18	Enter the amount from Line 11.		\$3,518.19		
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. So.00 So.00				
	С.	\$0.00	\$0.00		
20	Current monthly income for § 1325(b)(3). Subti	ract Line 19 from Line 18 and enter the result.	\$3,518.19		
Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.			\$42,218.28		

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B22C (Official Form 22C) (Chapter 13) (01/08)

Application of § 1326(b)(3). Chock the application of § 1326(b)(3) of the top of logs 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is more than the amount on Line 22. Chock the box for "Disposable income is of elemented under § 1325(b)(3)" of the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Chock the box for "Disposable income is not determined under § 1325(b)(3)" of the top of page 1 of this statement and complete Part VII of this statement. Part IV. CALCULATION OF DEDUCTIONS ALLOWED FROM INCOME Subpart A; Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food pagers and services, housekeeping supplies, personal care, and miscallaneous. Enter in Line 24th the "Toda" amount from ISS National Standards for Allowable Line; China pagers and services. In such a page 1 and services, housekeeping supplies, personal care, and miscallaneous. Enter in Line 24th the "Toda" amount from ISS National Standards for Obj. of Pocket Health Care for personal under 65 years of age, and in Line 24th the ISS National Standards for Obj. of Pocket Health Care for personal under 65 years of age, and in Line 35th the ISS National Standards for Obj. of Pocket Health Care for personal under 65 years of age, and in Line 35th the ISS National Standards for Obj. of Pocket Health Care for personal under 65 years of age, and in Line 35th the ISS National Standards for Obj. of Pocket Health Care for personal under 65 years of age, and in Line 35th the ISS National Standards for Obj. of Pocket Health Care for personal 69 years of age and derive in Line 15th the number of members of year household when the Standards for National Standards for ISS National ISS	BZZC	(Oille	ciai Form 22C) (Chapter 13) (01/06) -	COIN.COITTOIT		1 age 1 et ee			<u> </u>
The amount on Line 21 is more than the amount on Line 22. Check the bot for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the romaining past of this statement. In the complete Part VII of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part VI, V, or VI. Part IV. CALCULATION OF DEDUCTIONS ALLOWED FROM INCOME	22	Applicable median family income. Enter the amount from Line 16.					\$56,545.00		
determined under § 1325(b)(3)* at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)* at the top of page 1 of this statement and complete Part VI of this statement. Do not complete Parts IV, V, or VI. Part IV. CALCULATION OF DEDUCTIONS ALLOWED FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, apparal and services, housekopping supplies, personal care, and miscellaneous. Part III in 24 ha PT Talas "amount from IRS National Standards of Allowable Line glapenases for the applicable household size. (This information is available at www.usdpd.gov.nut.for from the clark of the bankruptcy court.) **National Standards: health care.** Enter in Line at below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 69 years of age, and in Line 28 the PTRS National Standards for Out-of-Pocket Health Care for persons under 69 years of age, and in Line 28 the IRS National Standards for Out-of-Pocket Health Care for persons under 69 years of age of the state of the bankruptcy court.) **National Standards: health care.** Enter in Line at below the amount from IRS National Standards for Out-of-Pocket Health Care for the persons and the state of the standards of the court of the standards of the standards of the court of the standards of the standards of the court of the standards of the stand		App	olication of § 1325(b)(3). Check the app	licable box and p	rocee	d as directed.			
determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement.	23								
National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous.		_ c	determined under § 1325(b)(3)" at the top of						
National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Specials (in the publicable household size, (This information is awalidate www.usdg.gap.ndt) of from the clerk of the bankrupty count.) National Standards: health care. Enter in Line at below the emount from IRS National Standards for Out-of-Pocket Health Care for persons of pages are diagon, and in Line 22 the IRS National Standards for Out-of-Pocket Health Care for persons of gives are diagon, and in Line 22 the IRS National Standards for Out-of-Pocket Health Care for persons of gives or diagon, and in Line 22 the IRS National Standards for Out-of-Pocket Health Care for persons 69 years of age, and enter the health care of gives of size of age, and enter the bankrupticy count.) Enter in Line bit the number of members of your household who are under 65 years of age, and enter the health care 65 years of age or older. (The total number of household members made to the number stated in Line 16b). Multiply Line at by Line bit to obtain a total amount for household members defined and enter the result in Line c12. Add Lines of and c2 to obtain a total amount for household members defined and enter the result in Line c22. Add Lines of and c2 to obtain a total amount for household members defined and care for such that the care amount, and enter the result in Line c24s. Household members under 65 years of age Household members by a defined of the sample of the sample of the land of the lan			Part IV. CALCULATION	ON OF DED	UC	TIONS ALLOWED	FROM IN	COME	
Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdio.gov/ust/"www.usdio.gov/ust/ from the clerk of the bankruptyc court. The Allowable Living Expenses of the palpicable household size. (This information is available at www.usdio.gov/ust/ from the clerk of the bankruptyc court. [Fars in Line 15 the number of members of your household with own or under 55 years of age, and enter in Line 15 the number of members of your household who are under 55 years of age, and enter in Line 150 the number of properties of your household who are under 55 years of age, and enter in Line 150 the number of the number of household members of your household who are under 55 years of age, and enter the result in Line 2.4. Allowance per member of household members 55 and deep, and enter the result in Line 2.4. Allowance per member of household members of so and deep, and enter the result in Line 2.4. Allowance per member of health or a member of members of your household size. (This information is available at www.usdio.gov/ust/ for from the clerk of the bankruptyc your). Some your household size. (This information is available at www.usdio.gov/ust/ for from the clerk of the bankruptyc your, your your your your your your your your			Subpart A: Deductions	under Stand	ards	s of the Internal Revo	enue Servic	e (IRS)	
National Standards: health care. Enter in Line at below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health the Care for persons 65 years of age, and rest in Line 21 the number of members of your household who are under 65 years of age, and enter in Line 12 the number of members of your household who are under 65 years of age, and enter in Line 12 the Institute of Institute o					_				
National Standards: health care. Enter in Line at below the amount from IRS National Standards for Out-of-Pocket Health Care for persons of geyes or of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age, or older. (This information is available at wave used governed from the clerk of the barkurptyc court.) Enter in Line 12 the number of members of your household who are under 56 years of age, and enter in Line 12 the number of members of your household who are under 56 years of age, and enter in Line 12 the number of the number stated in Line 160.) Multiply Line a1 by Line 10 to obtain a total amount for household members of Age, and enter the result in Line 2.1 Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and dade, and enter the result in Line 2.4. All clines of and c2 to obtain a total health care amount, and enter the result in Line 248. Household members under 65 years of age Household members of the decide and enter the result in Line 2.4. Allowance per member	24A								
Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at https://www.usdoi.gov/usit/ from the clerk of the bankrupty court.) Enter in Line bt the number of members of your household who are do 5 years of age, and enter in Line 92 the number of members of your household who are do 5 years of age or older. (The total number of household members under 65, and enter the result in Line c1. Multiply Line ab Ju Line bt to obtain a total amount for household members 55 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c28. Household members under 65 years of age Household members 65 years of age or older 11. Number of members 22. Number of members 22. Number of members 23. Number of members 24. Number of members 25.					0.7.0.0		.,,	,	\$
Care for persons 65 years of age or older. (This information is available at waw usdot gov/ust from the clerk of the bankruptpy court; I be the in Line bit the number of members of your household who are do's years of age or older. (The total number of household members must be the same as the number stated in Line 16). Multiply Line at by Line bit to obtain a total amount for household members 65 and older, and enter the result in Line c1. Multiply Line at by Line bit to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line c2. Subtoal Household members under 65 years of age									
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household members must be the same as the number stated in Line 16b.) Multiply Line at 1 by Line b 1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line at 2 by Line b 2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. Household members under 65 years of age		the I	pankruptcy court.) Enter in Line b1 the num	ber of members	of you	ır household who are under	65 years of ag	e, and	
amount for household members 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total mount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. Household members under 65 years of age			•			• •			
health care amount, and enter the result in Line 24B. Household members under 65 years of age		amo	ount for household members under 65, and	enter the result i	n Line	c1. Multiply Line a2 by Line	e b2 to obtain a	total	
Household members under 65 years of age	24B				ult in L	Line c2. Add Lines c1 and c	2 to obtain a to	ital	
at. Allowance per member			·	,	Ша	washald mambara CE was	of one or o	Idaa	
b1. Number of members b2. Number of members c1. Subtotal \$ Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). \$ Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rent Expense \$ b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 c. Net mortgage/rental expense \$		-	1	je			irs or age or o	idei	
Cot. Subtotal						<u> </u>			
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(This information is available at <a "www.usdoi.gov="" <="" a="" href="www.usdoi.gov/ust/" ust="" www.usdoi.gov=""> or from the clerk of the bankruptcy courty. Local Standards: housing and utilities; mortgage/rent expense for your county and household size (this information is available at <a "www.usdoi.gov="" <="" a="" href="www.usdoi.gov/ust/" ust="" www.usdoi.gov="">. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards: mortgage/rent expense of the bankruptcy courty); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rent Expense	054		<u> </u>						
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Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at							nses of		
If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court.)		Che	ck the number of vehicles for which you pa	y the operating e	xpens	es or for which the operating			
you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court.)	27A		-						
Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region, (These amounts are available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court.)								on. If	
Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		Trar	nsportation for the applicable number of veh	nicles in the appli	cable	Metropolitan Statistical Area	a or Census		
		Reg	ion. (I nese amounts are available at www	w.usdoj.gov/ust/	or tro	m tne cierk of the bankrupto	cy court.)		\$

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27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) I	\$		
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 \$ c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.	\$		
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.			
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$		
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life, or for any other form of insurance.	\$		
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.	\$		
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$		
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance listed or health savings accounts listed in Line 39.			
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$		
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$		

B22C		aSE 06-19055 I Form 22C) (Chapter 13	DOCI FIIEU 077 3) (01/08) - cA⊕cum		ge 9 of 53	11.41.20 Desc IVI	aiii 5
		Note: D	Subpart B: Additi o not include any ex	onal Living penses that	Expense Deductio you have listed in	ns Lines 24-37	
39	a. b. c. Total	Health Insurance Disability Insurance Health Savings Accoun and enter on Line 39	surance, and Health Save below that are reasonably t	necessary for y	ourself, your spouse, or \$ \$ \$		\$
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.					\$	
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					\$	
42	Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.					\$	
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/usto from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.					\$	
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.				\$		
			Subpart C: D	eductions fo	r Debt Payment		
	own, lis whethe contrac	er the payment includes ta ctually due to each Secure	claims. For each of your identify the property securities or insurance. The Average Creditor in the 60 month on a separate page. Enter	ring the debt, starage Monthly Pa is following the fi the total of the A	yment is the total of all a ling of the bankruptcy ca	Payment, and check mounts scheduled as ase, divided by 60. If	
47	a. b. c.				\$ \$ \$	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
	d.	1			\$	Yes No	1

\$

Total: Add Lines a - e

☐ No

\$

Yes

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		, t i	, ,		
	resider you ma in addit amoun	ay include in your deduct tion to the payments liste t would include any sum	claims. If any of the debts listed in Line other property necessary for your support or the tion 1/60th of any amount (the "cure amount") ted in Line 47, in order to maintain possession of its in default that must be paid in order to avoid is in the following chart. If necessary, list addition	e support of your dependents, hat you must pay the creditor of the property. The cure repossession or foreclosure.	
		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	
48	a.			\$	
	b.			\$	
	C.			\$	
	d.			\$	
	e.			\$	\$
				Total: Add Lines a - e	
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.				\$
		er 13 administrative ex he resulting administrative		the amount in Line b, and	
	a.	Projected average mo	nthly Chapter 13 plan payment.	\$	
50	b.	Current multiplier for y issued by the Executiv (This information is avolerk of the bankruptc	your district as determined under schedules ve Office for United States Trustees. vailable at www.usdoj.gov/ust/ or from the y court.)	x	
	C.	Average monthly adm	inistrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$
51	Total [Deductions for Debt Pa	ayment. Enter the total of Lines 47 through	n 50.	\$
			Subpart D: Total Deduction	s from Income	
52	Total	of all deductions from	income. Enter the total of Lines 38, 46, a	and 51.	\$

	Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)				
53	Total current monthly income. Enter the amount from Line 20.				
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.				
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).				
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.				
57	necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable. Nature of special circumstances Amount of expense				
	a. \$0.00	\dashv			
	b. \$0.00				
	c. \$0.00				
	Total: Add Lines a, b, and c	\$0.00			
58	8 Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.				
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result. \$				

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Part VI: ADDITIONAL EXPENSE CLAIMS

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

60

	Expense Description	Monthly Amount
a.		\$
b.		\$
C.		\$
	Total: Add Lines a, b, and c	\$

Part VII: VERIFICATION				
61	both debtors must sign.)	mation provided in this statement is true and correct. (If this a joint case, E: /s/ Rhonda D. Hubbard		
	Date: <u>7/29/2008</u> Signatur	(Debtor) e:(Joint Debtor, if any)		

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re Rhonda D. Hubbard	Case No.		
	Chapter 13		
Debtor(s)	•		

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

WARNING: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

Exhibit B. Check one of the me diatement solem and alliagh any accuments as allowed.
1. Within the 180 days before the filing of my bankruptcy case , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not I have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Official Form 1,	EGARG (WG6)19655	Doc 1	Filed 07/30/08 Document	Entered 07/30/08 11:41:2 Page 13 of 53	6 Desc Main
☐ [Must be accom	panied by a motion for dete Incapacity. (Define so as to be incapable of re Disability. (Define	rmination by to ed in 11 U.S.0 alizing and ma d in 11 U.S.0 ipate in a cred	he court.] C. § 109 (h)(4) as impaire aking rational decisions w . § 109 (h)(4) as physica lit counseling briefing in p	se of: [Check the applicable statement] ed by reason of mental illness or mental de with respect to financial responsibilities.); lly impaired to the extent of being unable, a person, by telephone, or through the Interne	fter
of 11 U.S.C. §	5. The United States trusto 109(h) does not apply in thi	•	tcy administrator has det	ermined that the credit counseling requiren	nent
I certify	under penalty of perjury	that the info	ormation provided abov	e is true and correct.	
Signature of D	ebtor: /s/ Rhonda	a D. Hub	bard		
Date: <u>7/29</u>	9/2008				

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UNITED STATES BANKRUPTCY COURT NOTICE TO INDIVIDUAL CONSUMER DEBTOR

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Court employees are prohibited from giving you legal advice.

Chapter 7: Liquidation (\$155 filing fee plus \$39 administrative fee plus \$15 trustee surcharge)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
- 2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
- 5. Under certain circumstances you may keep property that you have purchased subject to valid security interest. Your attorney can expain the options that are available to you.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$155 filing fee plus \$39 administrative fee)

- 1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankuptcy Code.
- 2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but no more than five years. Your plan must be approved by the court before it can take effect.
- 3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
- 4. After completion of payments under the plan, your debts are discharged except alimony and support payments, student loans, certain debts including criminal fines and restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

Chapter 11: Reorganization (\$800 filing fee plus \$39 administrative fee)

Chapter 11 is designed primarily for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family farmer (\$200 filing fee plus \$39 administrative fee)

Chapter 12 is designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm.

I, the debtor, affirm that I have read this notice.					
7/29/2008	/s/Rhonda D. Hubbard				
Date	Signature of Debtor	Case Number			

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In re Rhonda D. Hubbard	Case No.
Debtor(s)	(if known)

SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property Husband Wife Joint Community	J Secured Claim or	Amount of Secured Claim
None	,		None

No continuation sheets attached

0.00

TOTAL \$

(Report also on Summary of Schedules.)

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In re Rhonda D. Hubbard	Case No.	
Debtor(s)	(if known	

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N o n e	Description and Location of Property	Husband- Wife- Joint- Community-	W J	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1.	Cash on hand.	x				
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Maroon Credit Union Location: In debtor's possession			\$ 0.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.		Landlord Location: In debtor's possession			\$ 700.00
4.	Household goods and furnishings, including audio, video, and computer equipment.		Misc Household Goods and Furnishings Location: In debtor's possession			\$ 1,000.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X				
6.	Wearing apparel.		Necessary Clothing Location: In debtor's possession			\$ 500.00
7.	Furs and jewelry.	x				
8.	Firearms and sports, photographic, and other hobby equipment.	x				
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	x				
10	Annuities. Itemize and name each issuer.	X				
11	Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X				

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In re Rhonda D. Hubbard	Case No.	
Debtor(s)	·	(if knowr

SCHEDULE B-PERSONAL PROPERTY

		(
Type of Property	N o n		Husband Wife Joint- mmunity	-W J	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		United Airlines Pension Location: In debtor's possession	initiality -		Unknown
Stock and interests in incorporated and unincorporated businesses. Itemize.	x				
14. Interests in partnerships or joint ventures. Itemize.	X				
Government and corporate bonds and other negotiable and non-negotiable instruments.	x				
16. Accounts Receivable.	X				
Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	x				
Other liquidated debts owed to debtor including tax refunds. Give particulars.	X				
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X				
Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X				
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X				
22. Patents, copyrights, and other intellectual property. Give particulars.	X				
23. Licenses, franchises, and other general intangibles. Give particulars.	X				
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X				
25. Automobiles, trucks, trailers and other vehicles and accessories.		2004 Nissan Altima Location: In debtor's possession			\$ 9,000.00
26. Boats, motors, and accessories.	X				
27. Aircraft and accessories.	X				

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In re Rhonda D.	. Hubbard		Case No.	
<u></u>		Debtor(s)		(if known

SCHEDULE B-PERSONAL PROPERTY

		(,			
Type of Property	N o n		usband- Wife- Joint- nmunity-	-W J	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
28. Office equipment, furnishings, and supplies.	X	Con	amily-		
29. Machinery, fixtures, equipment and supplies used in business.	x				
30. Inventory.	x				
31. Animals.	x				
32. Crops - growing or harvested. Give particulars.	x				
33. Farming equipment and implements.	x				
34. Farm supplies, chemicals, and feed.	X				
35. Other personal property of any kind not already listed. Itemize.	x				

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In re	
Rhonda D. Hubbard	Case No.
Debtor(s)	(if known)

SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

Check if debtor claims a homestead exemption that exceeds \$136,875.

(Check one box)

☐ 11 U.S.C. § 522(b) (2) ☐ 11 U.S.C. § 522(b) (3)

Description of Property	Specify Law Providing each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemptions
Landlord	735 ILCS 5/12-1001(b)	\$ 700.00	\$ 700.00
Misc Household Goods and Furnishings	735 ILCS 5/12-1001(b)	\$ 1,000.00	\$ 1,000.00
Necessary Clothing	735 ILCS 5/12-1001(a)	\$ 500.00	\$ 500.00
United Airlines Pension	735 ILCS 5/12-1006	\$ 0.00	Unknown

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B6D (Official Form 6D) (12/07)

In re Rhonda D.	. Hubbard		,	Case No.	
		Debtor(s)	_ ,		if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	Co-Debtor	0' V H W-	f Lien, and D	as Incurred, Nature Description and Market Derty Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No: 0001 Creditor # : 1 Alliant Credit Union 11545 W Touhy Ave Chicago IL 60666	X		2005-04-	9,000.00				\$ 18,048.00	\$ 9,048.00
Account No:			Value:						
Account No:			Value:						
No continuation sheets attached			I	St (Total (Use only o	T	is pa	ge) \$	\$ 18,048.00 \$ 18,048.00	\$ 9,048.00 \$ 9,048.00

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data) B6E (Official Form 6E) (12/07) 08-19655 Doc 1 Filed 07/30/08 Entered 07/30/08 11:41:26 Desc Main Document Page 21 of 53

In re_Rhonda D. Hubbard Case No.________,

Debtor(s)

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

	ingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is uted, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)
box I	Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the abeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.
•	Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to ity listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts rt this total also on the Statistical Summary of Certain Liabilities and Related Data.
	Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not led to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumers report this total also on the Statistical Summary of Certain Liabilities and Related Data.
\boxtimes	Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYF	PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
	Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
	Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
	Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
	Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
	Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
	Deposits by individuals Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
	Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
	Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
	Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

^{*}Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

In re Rhonda D. Hubbard		_, Cas	se No.
	Debtor(s)		(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	J	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. HusbandWife -JointCommunity	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 0735 Creditor # : 1 Aac Po Box 2036 28405 Van Dyke Rd Warren MI 48093		H					\$ 91.00
Account No: 5790 Creditor # : 2 Allgate Financial Llc 707 Skokie Blvd Ste 375 Northbrook IL 60062		H	2007-07-01				\$ 496.00
Account No: Creditor # : 3 AMERICASH LOANS 1513 E. 53rd St. Chicago IL 60615							\$ 500.00
Account No: 0735 Creditor # : 4 AT&T BANKRUPTCY DEPARTMENT 175 W. Houston PO Box 2933 San Antonio TX 78299-2933		H	2006-11-01				\$ 91.00
7 continuation sheets attached	-		•	Subt	ota Tota		\$ 1,178.00

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

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B6F (Official Form 6F) (12/07) - Cont.

In re_1	Rhonda D. Hubbard	,	Case No.	
	D - I-4/-)			

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: 0735	Co-Debtor	J	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community	Contingent	Unliquidated	Disputed	Amount of Claim
Representing: AT&T			ASSET ACCEPTANCE LLC PO BOX 2036 WARREN MI 48090				
Account No: 8955 Creditor # : 5 Cap One Po Box 85520 Richmond VA 23285		H	2006-12-01				\$ 1,062.00
Account No: 3142 Creditor # : 6 Cash Call		H	2008-05-07				\$ 5,602.00
Account No: 3142 Representing: Cash Call			UDS 702 FELIX ST SAINT JOSEPH MO 64501				
Account No: Creditor # : 7 Cash Transfer							\$ 500.00
Account No: 8389 Creditor # : 8 Certegy P.o. Box 30046 Tampa FL 33630		H	2005-04-01				\$ 153.00
Sheet No. 1 of 7 continuation sheets attached Creditors Holding Unsecured Nonpriority Claims	iched t	to Sc	chedule of (Use only on last page of the completed Schedule F. Report also on Sun and, if applicable, on the Statistical Summary of Certain Liabilities	nmary of S	Tota ched	al \$	\$ 7,317.00

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B6F (Official Form 6F) (12/07) - Cont.

In re Rhonda D. Hubbard	,	Case No.

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No:	Co-Debtor	W	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community	Contingent	Unliquidated	x Disputed	Amount of Claim \$ 496.00
Creditor # : 9 CHECK N GO OF ILLINOIS, INC. 6311 S. WESTERN AVE. Chicago IL 60636							
Account No: 4301 Creditor # : 10 Citi Auto 2208 Hwy 121 Bedford TX 76021		H	1999-06-01			X	\$ 15,317.00
Account No: 9033 Creditor # : 11 COMED 2100 SWIFT DRIVE Oak Brook IL 60523			service at 8203 S. Indiana 2 Chicago, IL				\$ 700.00
Account No: 7526 Creditor # : 12 Credit One Bank Po Box 98875 Las Vegas NV 89193		H	2007-06-01				\$ 571.00
Account No: Creditor # : 13 DEVON FINANCIAL SERVICES, INC. 6408 N. WESTERN AVE. Chicago IL 60645							\$ 500.00
Account No: Creditor # : 14 Don 12658 S. Winchester Calumet Park IL 60827			towing and storage charges in regards to Alliant Credit Union				Unknown
Sheet No. 2 of 7 continuation sheets attack Creditors Holding Unsecured Nonpriority Claims	ned t	to Sc	chedule of (Use only on last page of the completed Schedule F. Report also on Summa and, if applicable, on the Statistical Summary of Certain Liabilities and	y of So	Fota	al \$ ules	\$ 17,584.00

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In re Rhonda D. Hubbard	,	Case No.	

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Creditor's Name, Mailing Address			Date Claim was Incurred,				Amount of Claim
including Zip Code,	_	:	and Consideration for Claim.	_	þe		
	Co-Debtor		If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	þ	
And Account Number	q	Н	Husband	ıţi	igui	Disputed	
(See instructions above.)	٥	J	Wife Joint	Ŝ	U	Dis	
Account No:		C	Community				Unknown
Creditor # : 15 EQUITABLE Services, Inc. 7475 N. Rogers Chicago IL 60626			towing and storage charges in regards to Alliant Credit Union				
Account No:						X	\$ 1,200.00
Creditor # : 16 Julie Katz 120 W. Madison Suite 1108 Chicago IL 60602			Retainer attorneys fee				
Account No: 7526		H	2008-02-01				\$ 591.00
Creditor # : 17 Lvnv Funding Llc Po Box 740281 Houston TX 77274							
Account No: 5515		H	2008-04-01				\$ 378.00
Creditor # : 18 Maroon Financial Credi 5801 S Ellis Ave Ste 5 Chicago IL 60637							
Account No: 2528		H	2007-12-01			X	\$ 2,600.00
Creditor # : 19 Monterey Profit Shar							
Account No: 2528							
Representing: Monterey Profit Shar			MONTEREY COLLECTION SV 4095 AVENIDA DE LA PLATA OCEANSIDE CA 92056				
		1	'	1		1	
Sheet No. 3 of 7 continuation sheets attack Creditors Holding Unsecured Nonpriority Claims	hed	to S	chedule of §	Subt	ota Γota		\$ 4,769.00
Since the state of			(Use only on last page of the completed Schedule F. Report also on Summary and, if applicable, on the Statistical Summary of Certain Liabilities and	of So	ched	ules	

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B6F (Official Form 6F) (12/07) - Cont.

In re_1	Rhonda D. Hubbard	<u>,</u>	Case No.	
	Debtor(s)		_	(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	J	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 8715		C	Community 2007-09-01				\$ 922.00
Creditor # : 20 National Credit Adjust 327 W 4th Ave Hutchinson KS 67501		11	2007-09-01				Ψ 322.00
Account No:							\$ 500.00
Creditor # : 21 NATIONAL QUICK 8202 S. STONY ISLAND Chicago IL 60617							
Account No: 6642		H	2007-05-01				\$ 1,396.00
Creditor # : 22 Nationwide Cassel Llc 3435 N Cicero Ave Chicago IL 60641			2008 M1 115760				
Account No: 6642							
Representing: Nationwide Cassel Llc			PEKAY & BLITSTEIN PC 77 W. WASHINGTON SUITE 719 Chicago IL 60602				
Account No:							\$ 500.00
Creditor # : 23 Paper Check							
Account No:							\$ 500.00
Creditor # : 24 PAYDAY LOAN STORE 1215 E. 87th St. Chicago IL 60619							, 333.00
Sheet No. 4 of 7 continuation sheets at Creditors Holding Unsecured Nonpriority Claims	tached t	o So	chedule of (Use only on last page of the completed Schedule F. Report also on Su and, if applicable, on the Statistical Summary of Certain Liabilitie	mmary of S	Tota ched	al \$	\$ 3,818.00

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B6F (Official Form 6F) (12/07) - Cont.

In re_Rhonda D. Hubbard	,	Case No.

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	J,	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 2559 Creditor # : 25 PEOPLES GAS LIGHT & COKE ATTN: BANKRUPTCY DEPARTMENT 130 E. RANDOLPH DR. Chicago IL 60605		H	Community				\$ 223.00
Account No: 2559 Representing: PEOPLES GAS LIGHT & COKE			NCO FIN/99 PO BOX 15636 WILMINGTON DE 19850				
Account No: Creditor # : 26 SPRINT PO BOX 8077 London KY 40742	X					X	\$ 601.65
Account No: Representing: SPRINT			COLLECTION COMPANY OF AMERICA 700 LONWATER DRIVE NORWELL MA 02061-0329				
Account No: Creditor # : 27 SPRINT PO BOX 8077 London KY 40742			773-398-8969				\$ 800.00
Account No: 3017 Creditor # : 28 T MOBILE USA, INC. T Mobile Bankruptcy P O Box 37380 Albuquerque NM 87176		H	2005-07-01				\$ 1,191.00
Sheet No. 5 of 7 continuation sheets attached Creditors Holding Unsecured Nonpriority Claims	ched	to S	chedule of (Use only on last page of the completed Schedule F. Report also on Sumrand, if applicable, on the Statistical Summary of Certain Liabilities a	nary of S	Tot	al \$	\$ 2,815.65

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In re_Rhonda D. Hubbard	, Case No.

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	J	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 3017 Representing: T MOBILE USA, INC.		G -	SUPERIOR ASSET MANAGEM 18167 US HIGHWAY 19 N ST CLEARWATER FL 33764				
Account No: Creditor # : 29 Tremont Financial, LLC 2329 N Career Ave, #211 Sioux Falls SD 57107							\$ 500.00
Account No: 1320 Creditor # : 30 Universal Lenders Inc 5548 W Fullerton Ave Chicago IL 60639		H	2007-05-01 07 M1 223393				\$ 2,162.00
Account No: 1320 Representing: Universal Lenders Inc			PEKAY & BLITSTEIN PC 77 W. WASHINGTON SUITE 719 Chicago IL 60602				
Account No: Creditor # : 31 US Asset Management, Inc.	X					X	\$ 601.65
Account No: Representing: US Asset Management, Inc.			COLLECTION COMPANY OF AMERICA 700 LONWATER DRIVE NORWELL MA 02061-0329				
Sheet No. 6 of 7 continuation sheets att. Creditors Holding Unsecured Nonpriority Claims	ached t	to So	Chedule of (Use only on last page of the completed Schedule F. Report also on Suand, if applicable, on the Statistical Summary of Certain Liabilitie	mmary of S	Tot chec	al \$	\$ 3,263.65

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In re_Rhonda D. Hubbard	,	Case No.	
			•

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Creditor's Name, Mailing Address			Date Claim was Incurred,				Amount of Claim
including Zip Code,	to		and Consideration for Claim. If Claim is Subject to Setoff, so State.	ī	ated	_	
And Account Number	Co-Debtor		Husband	inge	nid	nted	
(See instructions above.)	ပိ	J	Wife Joint	Contingent	Unliquidated	Disputed	
Account No: 6786		H	Community 2008-03-01	-			\$ 450.00
Creditor # : 32 US CELLULAR Bankruptcy Dept. 5117 W. Terrace Dr. Madison WI 53718							
Account No: 6786							
Representing:			AFNI, INC.				
US CELLULAR			PO BOX 3097 BLOOMINGTON IL 61702				
Account No:							
Account No:							
Account No:							
Account No:							
Sheet No. 7 of 7 continuation sheets atta	ached t	o So	chedule of	Subt	ota	I \$	\$ 450.00
Creditors Holding Unsecured Nonpriority Claims			(Use only on last page of the completed Schedule F. Report also on Summar and, if applicable, on the Statistical Summary of Certain Liabilities and	y of S	Tota ched ted D	ules	\$ 41,195.30

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nre <i>Rhonda D. Hubbard</i>	/ Debtor	Case No.	
		•	(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

□ Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.

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on (onicial) only (12/07)		Document	Page 31 of 53	

nre Rhonda D. Hubbard	/ Debtor	Case No.	
			(if known)

SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor
Deedra Hubbard	Alliant Credit Union
5525 N. Winthrop	11545 W Touhy Ave
Chicago IL 60660	Chicago IL 60666
Minnie Hubbard	SPRINT
8230 S. Indiana Apt. 2	PO BOX 8077
Chicago IL 60619	London KY 40742
	US Asset Management, Inc.

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n re Rhonda D. Hubbard	Case No.
Debtor(s)	(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital	DEPENDENTS OF D	EBTOR AND SI	POUSE		
Status: Single	RELATIONSHIP(S): son		AGE(S): 14		
EMPLOYMENT:	DEBTOR		SPO	USE	
Occupation	housekeeping				
Name of Employer	University of Chicago				
How Long Employed	2 1/2 years				
Address of Employer	5721 S. Maryland Chicago IL 60637				
INCOME: (Estimate of aver	age or projected monthly income at time case filed)	<u>.</u>	DEBTOR		POUSE
 Monthly gross wages, sa Estimate monthly overtir SUBTOTAL 	llary, and commissions (Prorate if not paid monthly) ne	\$ \$ \$	2,965.00 0.00 2,965.00	\$	0.00 0.00 0.00
4. LESS PAYROLL DEDUC a. Payroll taxes and so b. Insurance c. Union dues d. Other (Specify):		\$\$\$ \$	370.63 199.42 0.00 0.00	\$ \$	0.00 0.00 0.00 0.00
5. SUBTOTAL OF PAYRO	LL DEDUCTIONS	\$	570.05	\$	0.00
6. TOTAL NET MONTHLY	TAKE HOME PAY	\$	2,394.95	\$	0.00
Income from real proper Interest and dividends Alimony, maintenance dependents listed above	or support payments payable to the debtor for the debtor's use or that	\$\$\$\$	0.00 0.00 0.00 0.00	\$ \$	0.00 0.00 0.00
11. Social security or gover (Specify):12. Pension or retirement i13. Other monthly income		\$ \$	0.00 0.00		0.00 0.00
(Specify): child su	pport	\$	576.20	\$	0.00
14. SUBTOTAL OF LINES	7 THROUGH 13	\$	576.20	\$	0.00
15. AVERAGE MONTHLY	INCOME (Add amounts shown on lines 6 and 14)	\$	2,971.15	\$	0.00
16. COMBINED AVERAGE	MONTHLY INCOME: (Combine column totals		\$	2,971.15	<u>5</u>
from line 15; if there is o	nly one debtor repeat total reported on line 15)	, ,	ort also on Summary of Sostical Summary of Certain		

^{17.} Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

In re Rhonda D. Hubbard	Case No.
Debtor(s)	(if known)

SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22 A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)	\$	750.00
a. Are real estate taxes included? Yes 🔲 No 🔀		
b. Is property insurance included? Yes 🔲 No 🔀		
2. Utilities: a. Electricity and heating fuel	\$	90.00
b. Water and sewer	\$	0.00
c. Telephone	\$	65.00
d. Other	\$	0.00
Other	\$	0.00
3. Home maintenance (repairs and upkeep)	\$	0.00
4. Food	\$	750.00
5. Clothing	\$	200.00
Laundry and dry cleaning	\$	70.00
	1	0.00
	φ	400.00
8. Transportation (not including car payments)	Φ	0.00
Recreation, clubs and entertainment, newspapers, magazines, etc.		0.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		0.00
a. Homeowner's or renter's		0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	75.00
e. Other	\$	0.00
Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage)		
(Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	Ψ	
a. Auto	\$	394.00
b. Other:	\$	0.00
c. Other:		0.00
44 Alimana, maintanana and assault arid to ather		0.00
14. Alimony, maintenance, and support paid to others		0.00
15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ \$	0.00
17. Other: school fees	\$ \$	25.00
	, T	0.00
Otner:	\$	0.00
18. AVERAGE MONTHLY EXPENSES Total lines 1-17. Report also on Summary of Schedules	\$	2,819.00
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME	<u></u>	2 071 15
a. Average monthly income from Line 16 of Schedule I	\$	2,971.15
b. Average monthly expenses from Line 18 above	\$	2,819.00
c. Monthly net income (a. minus b.)	\$	152.15

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UNITED STATES BANKRUPTCY COURT **NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

Case No.

In re Rhonda D. Hubbard	Case No.
	Chapter 13
	/ Debtor
Attorney for Debtor: MICHAEL R. RICHMOND	
VERIFICAT	ION OF CREDITOR MATRIX
The above named Debtor(s) hereby	y verify that the attached list of creditors is true and correct to the
best of our knowledge.	
Date: 7/29/2008	/s/ Rhonda D. Hubbard

Debtor

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Aac Document Page 35 of 53 Po Box 2036 28405 Van Dyke Rd Warren, MI 48093

AFNI, INC. PO BOX 3097 BLOOMINGTON, IL 61702

Allgate Financial Llc 707 Skokie Blvd Ste 375 Northbrook, IL 60062

Alliant Credit Union 11545 W Touhy Ave Chicago, IL 60666

AMERICASH LOANS 1513 E. 53rd St. Chicago, IL 60615

ASSET ACCEPTANCE LLC PO BOX 2036 WARREN, MI 48090

AT&T
BANKRUPTCY DEPARTMENT
175 W. Houston PO Box 2933
San Antonio, TX 78299-2933

Cap One Po Box 85520 Richmond, VA 23285

Cash Call

Cash Transfer

Certegy
P.o. Box 30046
Tampa, FL 33630

CHECK N GO OF ILLINOIS, INC. 6311 S. WESTERN AVE. Chicago, IL 60636

Citi Auto 2208 Hwy 121 Bedford, TX 76021

COLLECTION COMPANY OF AMERICA 700 LONWATER DRIVE NORWELL, MA 02061-0329

COMED
2100 SWIFT DRIVE
Oak Brook, IL 60523

Credit One Bank Po Box 98875 Las Vegas, NV 89193

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5525 N. Winthrop Chicago, IL 60660

DEVON FINANCIAL SERVICES, INC. 6408 N. WESTERN AVE. Chicago, IL 60645

Don 12658 S. Winchester Calumet Park, IL 60827

EQUITABLE Services, Inc. 7475 N. Rogers Chicago, IL 60626

Rhonda D. Hubbard 8203 S. Indiana Chicago, IL 60619

Julie Katz 120 W. Madison Suite 1108 Chicago, IL 60602

Lvnv Funding Llc Po Box 740281 Houston, TX 77274

Maroon Financial Credi 5801 S Ellis Ave Ste 5 Chicago, IL 60637

MICHAEL R. RICHMOND 33 NORTH DEARBORN STREET SUITE 1600 CHICAGO, IL 60602

Minnie Hubbard 8230 S. Indiana Apt. 2 Chicago, IL 60619

MONTEREY COLLECTION SV 4095 AVENIDA DE LA PLATA OCEANSIDE, CA 92056

Monterey Profit Shar

National Credit Adjust 327 W 4th Ave Hutchinson, KS 67501

NATIONAL QUICK 8202 S. STONY ISLAND Chicago, IL 60617

Nationwide Cassel Llc 3435 N Cicero Ave Chicago, IL 60641

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PO BOX 15636

WILMINGTON, DE 19850

Paper Check

PAYDAY LOAN STORE 1215 E. 87th St. Chicago, IL 60619

PEKAY & BLITSTEIN PC 77 W. WASHINGTON SUITE 719 Chicago, IL 60602

PEOPLES GAS LIGHT & COKE ATTN: BANKRUPTCY DEPARTMENT 130 E. RANDOLPH DR. Chicago, IL 60605

SPRINT PO BOX 8077 London, KY 40742

SUPERIOR ASSET MANAGEM 18167 US HIGHWAY 19 N ST CLEARWATER, FL 33764

T MOBILE USA, INC. T Mobile Bankruptcy P O Box 37380 Albuquerque, NM 87176

Tremont Financial, LLC 2329 N Career Ave, #211 Sioux Falls, SD 57107

UDS 702 FELIX ST SAINT JOSEPH, MO 64501

Universal Lenders Inc 5548 W Fullerton Ave Chicago, IL 60639

US Asset Management, Inc.

US CELLULAR
Bankruptcy Dept.
5117 W. Terrace Dr.
Madison, WI 53718

UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re	Rhonda D.	Hubbard			Case No.	
					Chapter:	13
				/Debtor(s)		
Attorne	ey For Debtor:	MICHAEL R	. RICHMOND			

LIST OF CREDITORS

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
1	Aac Po Box 2036 28405 Van Dyke Rd Warren, MI 48093			\$ 91.00
2	Allgate Financial Llc 707 Skokie Blvd Ste 375 Northbrook, IL 60062			\$ 496.00
3	Alliant Credit Union 11545 W Touhy Ave Chicago, IL 60666			\$ 18,048.00
4	AMERICASH LOANS 1513 E. 53rd St. Chicago, IL 60615			\$ 500.00
5	AT&T BANKRUPTCY DEPARTMENT 175 W. Houston PO Box 2933 San Antonio, TX 78299-2933			\$ 91.00
6	Cap One Po Box 85520 Richmond, VA 23285			\$ 1,062.00
7	Cash Call			\$ 5,602.00
8	Cash Transfer			\$ 500.00

(Continuation Sheet)

		(Continuation Sheet)		
#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
9	Certegy P.o. Box 30046 Tampa, FL 33630			\$ 153.00
10	CHECK N GO OF ILLINOIS, INC. 6311 S. WESTERN AVE. Chicago, IL 60636		D	\$ 496.00
11	Citi Auto 2208 Hwy 121 Bedford, TX 76021		D	\$ 15,317.00
12	COMED 2100 SWIFT DRIVE Oak Brook, IL 60523	service at 8203 S. Indiana 2 Chicago, IL		\$ 700.00
13	Credit One Bank Po Box 98875 Las Vegas, NV 89193			\$ 571.00
14	DEVON FINANCIAL SERVICES, INC. 6408 N. WESTERN AVE. Chicago, IL 60645			\$ 500.00
15	Don 12658 S. Winchester Calumet Park, IL 60827	towing and storage charges in regards to Alliant Credit Union repossession 7/24/08		Unknown
16	EQUITABLE Services, Inc. 7475 N. Rogers Chicago, IL 60626	towing and storage charges in regards to Alliant Credit Union repossession 7/24/08		Unknown
17	Julie Katz 120 W. Madison Suite 1108 Chicago, IL 60602	Retainer attorneys fee	D	\$ 1,200.00
18	Lvnv Funding Llc Po Box 740281 Houston, TX 77274			\$ 591.00
19	Maroon Financial Credi 5801 S Ellis Ave Ste 5 Chicago, IL 60637			\$ 378.00

(Continuation Sheet)

		(Continuation Sheet)		
#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
20	Monterey Profit Shar		D	\$ 2,600.00
21	National Credit Adjust 327 W 4th Ave Hutchinson, KS 67501			\$ 922.00
22	NATIONAL QUICK 8202 S. STONY ISLAND Chicago, IL 60617			\$ 500.00
23	Nationwide Cassel Llc 3435 N Cicero Ave Chicago, IL 60641	2008 M1 115760		\$ 1,396.00
24	Paper Check			\$ 500.00
25	PAYDAY LOAN STORE 1215 E. 87th St. Chicago, IL 60619			\$ 500.00
26	PEOPLES GAS LIGHT & COKE ATTN: BANKRUPTCY DEPARTMENT 130 E. RANDOLPH DR. Chicago, IL 60605			\$ 223.00
27	SPRINT PO BOX 8077 London, KY 40742	773-398-8969		\$ 800.00
28	SPRINT PO BOX 8077 London, KY 40742		D	\$ 601.65
29	T MOBILE USA, INC. T Mobile Bankruptcy P O Box 37380 Albuquerque, NM 87176			\$ 1,191.00
30	Tremont Financial, LLC 2329 N Career Ave, #211 Sioux Falls, SD 57107			\$ 500.00

West Group, Rochester, N. O8-19655 Doc 1 Filed 07/30/08 Entered 07/30/08 11:41:26 Desc Main

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LIST OF CREDITORS

(Continuation Sheet)

		(Continuation Sheet)		
#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
31	Universal Lenders Inc 5548 W Fullerton Ave Chicago, IL 60639	07 M1 223393		\$ 2,162.00
32	US Asset Management, Inc.		D	\$ 601.65
33	US CELLULAR Bankruptcy Dept. 5117 W. Terrace Dr. Madison, WI 53718			\$ 450.00

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

	LAGILINI	DIVIDION				
Inre <i>Rhonda D. Hubbard</i>				se No. apter <i>13</i>		
			Debtor			
CHAPTER 13 IND	IVIDUAL DEBTO	R'S STATEM	ENT OF I	NTENTIC	N	
I have filed a schedule of assets and liabilities which	includes debts secured by	property of the estate.				
I have filed a schedule of executory contracts and u	nexpired leases which inclu	des personal property	subject to an ι	unexpired lease).	
☐ I intend to do the following with respect to the proper	rty of the estate which secur	res those debts or is su	ubject to a leas	se:		
Description of Secured Property	Creditor's Name		Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
2004 Nissan Altima	Alliant Credit	Union				Х
Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)				
	Signature of	Debtor(s)				
Date: 7/29/2008	Debtor: /s/ Rhonda	D. Hubbard				
Date:	Joint Debtor:					

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS **EASTERN DIVISION**

In re: Rhonda D. Hubbard

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not diclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor my also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

Year to date: \$19,106 Last Year: \$31,181 Year before: \$16,926

2. Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years None immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

Year to date: \$4,000 approx child support

Last Year: \$7,000 approx

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AMOUNT SOURCE

Year before: \$7,000 approx

Year to date: 0 unemployment

Last Year: 0 Year before: \$2,410

3. Payments to creditors

None \boxtimes

None

None

 \boxtimes

 \boxtimes

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filingunder chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. None (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT COURT OR AGENCY AND CASE NUMBER NATURE OF PROCEEDING AND LOCATION STATUS OR DISPOSITION

Nationwide v. Circuit Court of judgment contract

Rhonda Hubbard Cook County, IL 08 M1 115768

Universal Lenders Circuit Court of contract pending

v. Rhonda Hubbard Cook County, IL 07 M1 223393

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement None of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR DATE OF

WHOSE BENEFIT PROPERTY WAS SEIZED **SEIZURE** DESCRIPTION AND VALUE OF PROPERTY

early 2008 Name: Payday loan Description: wage garnishment Form 7 (12/07) Case 08-19655 Doc 1 Filed 07/30/08 Entered 07/30/08 11:41:26 Document

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED DATE OF

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SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

Value: \$400 Address:

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

REPOSSESSION

FORECLOSURE SALE,

DESCRIPTION AND VALUE OF PROPERTY TRANSFER OR RETURN

Name: Alliant Credit Union

NAME AND ADDRESS

OF CREDITOR OR SELLER

7/24/08

Description: 2004 Nissan Altima

Value: \$9,000

6. Assignments and receiverships

None \boxtimes

Address:

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None \boxtimes

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None \boxtimes

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None \boxtimes

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

AMOUNT OF MONEY OR DATE OF PAYMENT,

NAME AND ADDRESS OF PAYEE NAME OF PAYER IF OTHER THAN DEBTOR DESCRIPTION AND VALUE OF PROPERTY

Payee: HELLER & RICHMOND, Date of Payment: \$346.00

LTD. Payor: Rhonda D. Hubbard

Address:

33 NORTH DEARBORN STREET

SUITE 1600

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NAME AND ADDRESS OF PAYEE

DATE OF PAYMENT, AMOUNT OF MONEY OR NAME OF PAYER IF OTHER THAN DEBTOR DESCRIPTION AND VALUE OF PROPERTY

CHICAGO, IL 60602

10. Other transfers

None \boxtimes

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None \boxtimes

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a benificiary.

11. Closed financial accounts

None \boxtimes

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None \boxtimes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None \boxtimes

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None \bowtie

List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None X

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None X

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

None

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar termunder an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencment of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

 \boxtimes

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[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	7/29/2008	Signature /s/ Rhonda D. Hubbard
		of Debtor
D-4-		Signature
Date		of Joint Debtor
		(if any)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re Rhonda D. Hubbard		Case No.		
		Chapter	13	
	/ Debtor			

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data"if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 0.00		
B-Personal Property	Yes	3	\$ 11,200.00		
C-Property Claimed as Exempt	Yes	1			
D-Creditors Holding Secured Claims	Yes	1		\$ 18,048.00	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	8		\$ 41,195.30	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	Yes	1			\$ 2,971.15
J-Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,819.00
тот	AL	19	\$ 11,200.00	\$ 59,243.30	

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re *Rhonda D. Hubbard*Case No.

Chapter 13

/ Debtor

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 2,971.15
Average Expenses (from Schedule J, Line 18)	\$ 2,819.00
Current Monthly Income (from Form 22A Line 12: OR. Form 22B Line 11: OR. Form 22C Line 20)	s 3,518.19

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 9,048.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 41,195.30
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 50,243.30

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In re Rhonda D. Hubbard	Case No.
Debtor	(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

	are under penalty of perjury that I have It to the best of my knowledge, informa	read the foregoing summary and schedules, consisting of tion and belief.	sheets, and that they are true and
Date:	7/29/2008	Signature /s/ Rhonda D. Hubbard Rhonda D. Hubbard	-
		[If joint case, both spouses must sign.]	

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

SUMMARY OF CHAPTER 13 PLAN Debtor: Rhonda D. Hubbard **Creditors' Claims** Secured Claims per Schedule D: Less Unsecured Portions: Less Avoided Liens: Net Secured Claims: Priority Claims per Schedule E: Less Non-priority Portions: Net Priority Claims: Unsecured Claims per Schedule F: + Unsecured Portions from Schedule D: + Avoided Liens: + Non-Priority Portions from Schedule E: **Total Unsecured Claims: Debtor's Assets** Market Value of Property: Less Fully Secured Liens: Debtor's Equity: Less Exempted Amounts: Available to Creditors: **Outcome under Chapter 7** Available to Creditors: Less Administrative Fees: Less Liquidation Expenses: Less Payments to Priority Claims: Available for Payment to General Unsecured: **Total General Unsecured Claims:** Percent Distribution: **Outcome under Proposed Plan** Monthly Payments: + Other Payments: **Total Payments:** Less Trustee Fee: Less Outstanding Attorney Fee: Less Other Fees: Available to Creditors: Payments to Priority Claims: Payments to Secured Claims: Payments to Arrearages: Payments to Special Unsecured:

Payments to General Unsecured:

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SUMMARY OF CHAPTER 13 PLAN

Total General Unsecured Claims:	\$
Percent Distribution:	ક